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ABSTRACT

Homeless families with children comprise the fastest growing segment of the United States homeless population. This study evaluated Year 1 of the Arizona Head Start for Homeless Children and Families Project, designed to meet educational and social needs of homeless children and families, and to assist Head Start agencies in developing effective service delivery models responsive to needs of homeless families. Participating in the study were 26 children, most of whom were current or former residents of a Phoenix homeless shelter where the Head Start classroom was implemented. Four Head Start program components were modified to meet their needs: education, family development, health, and parent involvement. Evaluation results indicated that the Head Start classroom was conducive to smooth transitions. No data were available to determine child developmental progress. A fairly large percentage of children did not receive health services. Focus groups and interviews revealed that families were forming relationships with others and showed improved communication between children and adults. Parent participation was similar to that in typical Head Start classrooms. Some families progressed toward self-sufficiency although it was not possible to attribute a causal relationship between program services and self-sufficiency. Collaboration and cooperation between the Head Start, the homeless shelter, and other service providers occurred in various ways. Communication was a challenge to implementation. Head Start staff and management developed new skills for working with homeless children and families. Strategies contributing to program success and barriers to effective service delivery were identified, and recommendations made to improve the program and its evaluation. (Four appendices include a sample of the Homeless Family Database; database coding guidelines; database summary statistics for year 1; and improvements planned for Year 2. Contains 18 references.) (Author/KB)

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MORRISON INSTITUTE FOR PUBLIC POLICY
SCHOOL OF PUBLIC AFFAIRS, ARIZONA STATE UNIVERSITY

Arizona Head Start for Homeless Children and Families Project

1994-95 Evaluation Report

by
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Submitted to:
Southwest Human Development, Inc.

October 1995

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Executive Summary

It is widely noted that the fastest growing segment of the homeless population is families with children. The effects of homelessness are devastating for any family: routines are disrupted, social support networks are dismantled, and the future is uncertain. For the young child in a homeless family, this chaos is magnified.

Research has shown that the preschool years are crucial for the development of self-concept, social relationships, and beliefs about the control one feels over the environment. These developmental tasks are made all the more difficult without the safety, comfort, and certainty of a stable place to call home. Existing research documents the effects that homelessness can have on young children. Many homeless children are in poor health, have higher than expected rates of developmental delay and behavioral and emotional problems. For these children, the classroom environment may be the only stable, predictable place for them to have positive experiences and participate in age-appropriate activities.

The Arizona Head Start for Homeless Children and Families Project is one of 16 demonstration projects funded in 1993 by the Federal Administration for Children and Families. At the national level, the purposes of targeting funding to this population are: 1) to meet the educational and social needs of homeless children and families; and 2) to assist Head Start agencies in developing effective models of service delivery responsive to the special needs of homeless families.

In Arizona, the Head Start for Homeless Children and Families Project grantee is the Head Start Department of Southwest Human Development, Inc. (SWHD), which operates Head Start programs in the metropolitan Phoenix area. The evaluation of the project is being conducted by Morrison Institute for Public Policy at Arizona State University.

The Head Start for Homeless Children and Families Project was implemented in July 1994 at the United Methodist Outreach Ministries (UMOM) Homeless Shelter, located in Southeast Phoenix, and is referred to as "UMOM Head Start." A total of 26 children are served between two classes. Most of the children are either current or former residents of the UMOM shelter, although some live in the neighborhoods surrounding the shelter.

As with other Head Start classes, UMOM Head Start involves four components, but each component has been modified to meet to the special needs of homeless children and families.

- The *education* component consists of using developmentally appropriate practice in materials, curriculum, and educational practices. Several changes have been made to the classroom environment and curriculum to accommodate homeless children. Transitional activities and flexibility are also key features used to ameliorate the emotional impacts of homelessness.

- The *family development* component involves the efforts of two family advocates who work with state, county, and local private agencies to link families with social services, and make referrals for job and educational opportunities.

- The *health* component consists of providing children with immunizations, medical and dental screenings, exams, and treatment. A mental health specialist provides support in the classroom, consults with teachers and families, and makes referrals to agencies.

- The *parent involvement* component involves providing parents with opportunities to participate in their children's education, in the classroom and at home. Parents also attend a 12-week parent education program, the *Parents as Teachers Program*.

The evaluation of UMOM Head Start is based on the first full year of program implementation. It examines specific outcomes related to children, families, the system, and policy. Data were collected from various sources, including individual interviews, focus group interviews, classroom observations, and program documentation. Year one evaluation results provide information about current levels of service delivery and perceptions from each group involved in the program.

Results from the first year evaluation are promising; the national purposes are being achieved, and many of the outcomes desired by Southwest Head Start were entirely or partially achieved. There are also several areas where the program could be strengthened.

Children

The results showed evidence that the Head Start classroom is a safe, reassuring, flexible environment that is conducive to smooth transitions. Focus group data and classroom observations verified that changes had been made to the environment and curriculum to accommodate the special needs of homeless children. Transitional activities and strategies were developed and implemented in the classroom to ease the effects of change and transiency. Classroom observation also verified that UMOM Head Start is offering a developmentally appropriate program.

A desired outcome of UMOM Head Start states that "children will show growth in their language skills, social, emotional, and physical development during the program." Presently, no data are available to determine whether this goal has been achieved.

Providing children with needed health and dental services was another desired outcome. Results indicate that while some children did receive needed immunizations, screenings, and exams, a fairly large percentage left without receiving these services.

Family

Two primary objectives relate to families. The first objective is to empower parents to develop their role as their children's primary teacher. Desired outcomes include improved relationships within and between families, and appropriate communication between children and adults.

Focus group and interview data provide evidence that families are forming relationships with other families through the *Parents as Teachers Program* and other activities provided by UMOM Head Start. Improved communication between parents and children were reported by parents and observed by staff and management.

Program documentation shows that parents are participating in UMOM Head Start at levels similar to typical Head Start classes. The time parents have spent in the classroom, participation in the *Parents as Teachers Program*, and other involvement in UMOM Head Start social activities seem to have made positive contributions to the development of their role as parents.

The second overall objective relates to promoting parents' self-sufficiency through comprehensive, family-focused services. Data provide evidence that some families made steps toward self-sufficiency. The majority of program participants were enrolled in economic support programs either before or during their time in UMOM Head Start. Over half of the families who left the program moved into permanent housing or moved in with friends or relatives. Some gains were made in employment and enrollment in educational programs as well. However, it is not currently possible to attribute a causal relationship between services that UMOM Head Start staff provide and indicators of self-sufficiency because documentation is not detailed enough in most cases to determine whether Head Start staff or UMOM shelter staff provided the services and what action families took on the services received.

The System

In the first year of program implementation, much has been learned by Southwest Human Development about delivering services to homeless children and families and working with other agencies. An informal system was used to prioritize families' needs and process referrals quickly which appears to be sufficient. A homeless family database was also developed to understand demographic characteristics of families, their mobility, some indicators of self sufficiency, participation in the program, and health services received.

UMOM Head Start and UMOM Shelter staffs successfully developed a process for enrolling children. Retaining families in the program has been a challenge, although retention has been higher than anticipated by the management team. Several strategies to promote retention were implemented which were successful.

The desired outcome of collaboration between Southwest Head Start, the UMOM shelter, and other service providers is occurring in various ways. Some elements of collaboration are in place, including negotiation of some program and policy changes between the UMOM shelter and Head Start and joint planning, implementation, and evaluation of new services and procedures. Other aspects of the program have been cooperative rather than collaborative, especially at the staff level. Cooperative agreements were also made between UMOM Head Start and other agencies with whom they worked in providing services to families.

Focus group data show that communication was a challenge to implementation. Better communication between family advocates and UMOM caseworkers and the housing coordinator would reduce any duplication of services.

One desired outcome concerned the adequacy of a personal support system to help staff maintain their own emotional balance. Formal support group sessions occurred monthly and informal support was provided on an ongoing basis. Focus group data provide evidence that staff and management view the formal and informal support provided as adequate and crucial to the success of the program.

Finally, UMOM Head Start staff have developed new skills and effective methods for working with homeless families. Classroom observations and focus group data show that staff learned about the characteristics and special needs of homeless children and adults, they are sensitive to their needs, and they interact effectively with children and adults.

Policy

Through analysis of findings from this evaluation, several strategies appear to have been effective in achieving program goals.

- locating the program on the homeless shelter campus
- coordinating with the shelter's intake system to streamline and enrollment process
- providing a flexible curriculum that accommodates the unique needs of homeless children, such as transitional activities
- creating a classroom environment that is comfortable and does not overwhelm children
- providing ample and varied opportunities for parental involvement
- providing opportunities for parents to interact socially with other adults
- giving families the option to remain in the program after leaving the shelter
- providing staff the support they need to prevent burnout

Some barriers to effective service delivery were also identified through the evaluation:

- duplication of services between Head Start family advocates and shelter case workers and housing coordinator
- access to adequate transportation
- completion of medical and dental screenings and exams for children in a timely manner

Recommendations

Based on the results, the following recommendations are offered for the program and evaluation.

Recommendations for the Program:

- Develop and implement a system to assess children's cognitive, physical, and social/emotional growth using Work Sampling System Checklist and Portfolio Assessment System.
- Employ new strategies to ensure that health component services are being provided at the desired level.
- Pursue plans to increase communication between the UMOM Head Start family advocates and the UMOM shelter caseworkers and housing coordinator in order to reduce potential duplication of services.
- More specifically define the mental health component.
- Disseminate information about the program to others at the local, state, and national levels.

Recommendations for the Evaluation:

- More accurately document services provided to families by the family advocate so that progress can be evaluated.
- More accurately document information collected for the homeless family database so that more can be learned about the status of homeless children and families in the program.
- Consider adding a desired outcome and evaluation question about the mental health component to the evaluation plan.

INTRODUCTION

It is widely noted that the fastest growing segment of the homeless population is families with children (Children's Defense Fund, 1988; Rossi, 1993). The effects of homelessness are devastating for any family: family routines are disrupted, social support networks are dismantled, and the future is uncertain (Klein, Bittel, & Molnar, 1993). However, for the young child in a homeless family, this chaos is magnified.

Research has shown that the preschool years are crucial for the development of self-concept, social relationships, and beliefs about the control one feels over the environment (Lewis & Saarni, 1985). These developmental tasks are made all the more difficult without the safety, comfort, and certainty of a stable place to call home. Existing research documents the effects that homelessness can have on young children. Many homeless children are in poor health, have higher than expected rates of developmental delay and behavioral and emotional problems (Garmezy & Rutter, 1988; Molnar, Rath, & Klein, 1990). For these children, the classroom environment may be the only stable, predictable place for them to have positive experiences and participate in age-appropriate activities.

Project Overview

The Arizona Head Start for Homeless Children and Families Project is one of 16 demonstration projects funded in 1993 by the Federal Administration for Children and Families. The funds provided through this three-year project allow the extension of Head Start services to homeless children and families. At the national level, the purpose of targeting Head Start funding to this population is twofold: 1) to meet the educational and social needs of homeless children and families, and 2) to assist Head Start agencies in developing effective models of service delivery responsive to the special needs of homeless families.

In Arizona, the Head Start for Homeless Children and Families Project grantee is the Head Start Department of Southwest Human Development, Inc. (SWHD), which operates Head Start programs in the metropolitan Phoenix area. Southwest Head Start began serving children through this project in July 1994; planning occurred in the year prior to implementation. The evaluation of the project is being conducted by Morrison Institute for Public Policy at Arizona State University. The evaluation is based on the first full year of program implementation from July 1994 through July 1995. The local evaluation involves collecting data to address the evaluation questions of interest to the grantee, as well as to determine whether the overall national purposes are being met.

Program Description

The planning of the program was done by the director of Southwest Head Start, along with the project manager, health coordinator, health manager, education coordinator, and mental health manager. The evaluators attended most of the planning meetings.

The Head Start for Homeless Children and Families Project has been implemented at the United Methodist Outreach Ministries (UMOM) Homeless Shelter, located in Southeast Phoenix. The program is locally referred to as "UMOM Head Start" and is referenced as such throughout this report. The UMOM shelter was chosen as the site for this demonstration project because it was located in the SWHD catchment area and a relationship with the shelter had already been established through another SWHD program, the Parent and Child Center.

UMOM Head Start consists of one morning and one afternoon Head Start class which serve a total of 26 children. Most of the children are either current or former residents of the UMOM shelter, although three slots in each class are reserved for children who are not homeless but who live in the neighborhoods surrounding the shelter (referred to as "community children"). During the first year, each class met for four hours daily, Tuesday through Friday. All children received lunch and a mid-morning or mid-afternoon snack.

Prior to their employment at UMOM Head Start, none of the Southwest Head Start employees had worked with a homeless population. Staff and management made various efforts to educate themselves about homelessness. Upon being awarded the demonstration project, the project manager and the education coordinator attended a meeting for grant recipients where they received background information and research literature about working with the homeless. They shared this information with the program staff. During staff training sessions, guest speakers such as drug rehabilitation counselors and child protective service case managers spoke with the staff about some of the unique needs of homeless families and strategies they have used in working with them. The UMOM Head Start staff also visited homeless shelters in the Phoenix area to become more familiar with the local homeless assistance system.

Staffing in the first year of the project is shown in Table 1, and staff roles are further described within the program components below. The project manager oversees operations, interacts with the federal project officer and the UMOM shelter director, and reports to the director of Southwest Head Start.

Table 1: UMOM Head Start Staffing

Position	Number of Staff	Staff hours per/Week
Project Manager	1	9
Lead Teachers	2	32x2 = 64
Assistant Teachers	2	32x2 = 64
Family Advocates	2	40x2 = 80
Health Coordinator	1	5
Mental Health Specialist	1	8
Education Coordinator	1	4
	10	234 hours/week

Consistent with the goals of all Head Start programs, UMOM Head Start provides comprehensive educational, health, family development and parent involvement components. However, program components are modified where necessary to reflect the specific needs of homeless children and families.

- **Education:** Developmentally appropriate practice is the cornerstone of the education component. This child-centered approach to early childhood education emphasizes experiential learning and provides for the child's cognitive,

physical, social, and emotional development in an integrated manner.

Based on the staff's understanding of the research and their prior experience with Head Start, changes have been made to the classroom environment, curriculum, schedule, meals and snacks, to accommodate the unique needs of homeless children. For example, changes to the physical environment are made much less frequently than in typical Head Start classrooms because of the children's difficulty in adapting to them. Also, because of the high participant turnover rate, some elements of the curriculum, (e.g., personal safety) are repeated regularly. Activities are included to promote the feeling of stability, prepare children for/ease the effects of transitions, and deal with the emotional impact of transiency. Each class has a lead teacher and an assistant teacher.

- **Family Development:** The family development component is provided by two family advocates who are located at the UMOM shelter. Advocates identify family needs and link families with the resources to meet those needs, whether social, economic, or educational. In doing so, the family advocates coordinate with state, county, and local private agencies on behalf of the families. Their duties include conducting home visits, developing Family Development Checklists and Family Enrichment Plans, making referrals, coordinating parent activities, and providing training on topics of interest to the families.

- **Health and Mental Health:** The health component consists of providing basic health services to children and families through the coordination of SWHD staff and local health agencies. Services provided include immunizations, which are provided by the Maricopa County Homeless Outreach Health Coordinator who visits the shelter regularly. Dental and health screenings are completed by the Southwest Head Start health coordinator. Family advocates and the health coordinator make referrals for follow-up examinations and treatment. When possible, transportation is arranged.

Mental health services consist of the services of a Southwest Head Start mental health specialist who works with instructional staff, offers support in the classroom, conducts some limited consultation with families, and refers families to outside agencies. The mental health specialist reports to the mental health manager. Although the mental health manager's time is not budgeted for UMOM Head Start, she facilitates monthly sessions to support the staff's emotional needs in working with homeless children and families.

- **Parent Involvement:** Parent involvement is a fundamental aspect of Head Start and is an important part of UMOM Head Start as well. Parents are encouraged to participate in the classroom and can count three hours of Head Start service per week toward their six hours of community service required by the UMOM shelter. Staff also encourage parents to participate in their child's education at home with the Home-School Connection sheets or by reading and doing other educational activities with their child. In addition, parents may also attend the *Parents as Teachers Program*, a twelve-week parent education program that they help to plan.

UMOM Shelter: Capacity and Staffing

The UMOM Shelter is located in a converted motel. There are 107 family apartments: 66 are emergency housing units where families may stay for up to three months, and 41 are transitional housing units, where families may reside for as long as two years. Another 31 units are for single men and women.

Staffing at the shelter consists of five case managers, one housing coordinator, one education coordinator, and a child care center director. The child care center has a capacity of 45 children, and serves a total of 70 children, ages one through 11. The center is accessible only to parents who are working, going to school, looking for a job, or in a crisis which may be placing the child at great risk of harm. Southwest Head Start also operates a Parent and Child Center at the shelter for pregnant women and women with infants and toddlers, some of whom are shelter residents. The shelter uses the services of many volunteers and coordinates with a number of agencies to provide services and educational classes.

METHODS

Evaluation Design

The UMOM Head Start evaluation is based upon questions developed through analysis of the program objectives stated in the project proposal and discussions with the project management team. The evaluation matrix shown below in Table 2 was developed for the proposal and has been modified slightly to reflect the evolution of the project during the first year.

Evaluation questions are aligned with desired program outcomes which, in turn, are based upon five overall program objectives relating to children, family, the system, and policy. The overall program objective related to children is to expand their cognitive, physical, emotional, and social development. The objectives related to families are two-fold: help parents develop their role in developmentally appropriate ways and improve parents' self-sufficiency through active use of services which Head Start provides. The system-related objective is the delivery of coordinated services which are responsive to the needs of homeless families. Finally, the policy objective is to document and disseminate an effective, replicable approach for the delivery of family-focused services responsive to homeless children and families.

Instruments and Data Collection

As agreed upon by the evaluators and the project management team, the evaluation methods and instruments shown in the right-hand column of Table 2 were to be used to answer the evaluation questions. However, due to some changes made to the program and staffing, a few of the methods and/or instruments were not implemented as planned. For example, as the program was originally envisioned, the child-related outcome of growth in three developmental areas (desired outcome 1.1) was planned to be assessed with the *Work Sampling System* portfolio component. As the program unfolded, because of the frequent turnover in participants and a change in education coordinators, the portfolio was not used. As the matrix shows, the primary data used were program documentation, focus groups, individual interviews, and classroom observations.

Program Documentation

Several types of program documentation were collected for the evaluation and were entered into the homeless family database. This database was developed by the evaluator in cooperation with the project management team and project staff to systematically collect data relevant to the evaluation. The database meets the requirement for part "C" of desired outcome 4.3 which states that a homeless client database and tracking system will be developed.

Information for the database was collected quarterly from the family advocates and the health coordinator. Data elements included demographic information, family mobility information, indicators of self-sufficiency, health, and parent involvement. A sample of the database is shown in Appendix A. Guidelines which

Table 2: Evaluation Plan Overview: UMOM Head Start Demonstration Project

Desired Outcomes	Evaluation Questions	Evaluation Method - Instruments
Objective 1 (Children): To enable homeless children to expand their cognitive, physical, emotional, and social development.		
1.1 Homeless children enrolled in Head Start demonstration project will show growth in their language, physical, social and emotional development through participation in developmentally appropriate activities in a safe, reassuring, flexible environment, conducive to smooth transitions.	1.1 Do homeless children enrolled in Head Start show growth in the following developmental areas? a) language skills b) social skills/emotional c) physical - fine/gross motor Is the Head Start classroom a safe, reassuring, flexible environment that is conducive to smooth transitions?	▪ Review of *Work Sampling System* portfolios for language, social, and fine motor development. ▪ Playground assessment ▪ Interviews with program staff ▪ Classroom observations
1.2 Homeless children enrolled in the Head Start demonstration project will receive needed medical/dental screenings, immunizations, and treatment.	1.2 Are homeless children enrolled in the Head Start demonstration project receiving needed medical/dental screenings, immunizations, and treatment.	▪ Review and analysis of child health records (e.g., immunizations, health screenings). ▪ Program documentation
1.3 Homeless children enrolled in the Head Start demonstration project will receive ample, well-balanced snacks and meals, and be provided nutrition information and activities as part of the curriculum.	1.3 Are homeless children enrolled in the Head Start demonstration project receiving ample well balanced snacks/meals? Are children enrolled receiving nutrition information and participating in nutrition-related activities?	▪ Program documentation (e.g., menus) ▪ Classroom Observations ▪ Review of portfolios and lesson plans
Objective 2 (Family): To empower homeless parents to develop their roles as their children's primary teachers and care givers in developmentally appropriate ways.		
2.1 Enhanced relationships within and between families including more frequent and appropriate communication between children and adults and increased family-to-family relationships.	2.1 Is there evidence of increased communication between children and adults & increased family-to-family relationships?	▪ Family interviews and/or focus groups ▪ Family advocate interviews
2.2 Increased parent involvement in developmentally appropriate, experiential, hands-on activities with their children.	2.2 Is there evidence of increased parental involvement in developmentally appropriate activities with their children?	▪ Program documentation of parent involvement (in class or on their own) ▪ Interviews with program staff
Objective 3 (Family): To enable homeless families to gain increased independence and self-sufficiency through active use of comprehensive, family-focused services.		
3.1 Homeless families will develop skills which assist in moving toward self-sufficiency and independence as they make the transition to a permanent residence in the community of their choice.	3.1 Is there evidence that homeless parents are gaining independence such as obtaining and maintaining employment and/or permanent housing?	▪ Program documentation: review of progress made by families in achieving goals outlined in action plans ▪ Family interviews and/or focus groups

Desired Outcomes	Evaluation Questions	Evaluation Method - Instruments
Objective 4 (System): To deliver a coordinated system of family-focused, comprehensive, and unduplicated services responsive to the special needs of homeless families in the service area.		
4.1 Develop mutually agreed-upon definitions of "successful" and "effective" as they relate to the demonstration project.	4.1 How are "successful" and "effective" defined by the stakeholders in the demonstration project?	▪ Key collaborator interviews and/or focus groups
4.2 Develop and implement successful strategies for enrolling and retaining homeless families in Head Start.	4.2 What strategies are most successful for enrolling and retaining homeless families in Head Start? What barriers exist in this area?	▪ Key collaborator interviews and/or focus groups ▪ Program documentation
4.3 Develop a system which: a) prioritizes the type and level of a family's need; b) processes referrals quickly; & c) includes a homeless client database and tracking system.	4.3 Was a system developed which: a) prioritizes the type and level of a family's need; b) processes referrals quickly; and c) includes a homeless client database?	▪ Program documentation ▪ Key collaborator interviews and/or focus groups
4.4 Collaboration between SWHD-HS, the UMOM program, and various service providers to deliver more services in the time frame and locations appropriate to the needs of homeless families.	4.4 Is there evidence of collaboration between SWHD-HS and other providers that deliver services to homeless families? What strategies appear to be most successful? What barriers exist?	▪ Key collaborator interviews and/or focus groups
4.5 Personal support systems will be in place that enable Head Start staff to maintain their own emotional balance and work with the homeless population.	4.5 Are system supports adequate to support the efforts of the Head Start staff?	▪ Documentation of staff development and support activities ▪ Interviews with program staff
4.6 SWHD staff will develop skills and sensitivity necessary to work with homeless children and families.	4.6 Are SWHD staff developing the skills necessary to work with homeless children and families?	▪ Classroom observations ▪ Interviews with program staff
Objective 5 (Policy): To document and disseminate an effective, replicable approach for delivery of comprehensive, family-focused service uniquely responsive to the special needs of homeless families in the SWHD-HS service area.		
5.1 Identify and disseminate effective ways to serve the homeless families in the SWHD-HS service area and in similar service areas.	5.1 What strategies appear to be effective for providing services that are appropriate for homeless children and their families? What barriers exist in this area? How is the information being disseminated?	▪ Key collaborator interviews.

explain the coding of data were given to those individuals responsible for collecting the data and are provided in Appendix B. Summary statistics from the database for the first year of program implementation are shown in Appendix C.

Other program documentation that was provided by the program staff and management is shown below.

- **Classroom lesson plans** - All lesson plans were reviewed for occurrence of nutrition-related classroom activities.
- **Classroom menus** - Some menus were reviewed to document the planning and delivery of nutritious snacks and meals.
- **Sample of Family Development Checklists and Family Enrichment Plans** - To determine family progress toward self-sufficiency goals, family advocates selected a sample of their records for review. Advocates selected the records of active UMOM Head Start participants who were in the program for at least half the year.
- **Description of the system for enrolling families, prioritizing needs, and processing referrals** - A description of the system for enrolling families was provided in a quarterly status report written by the project manager. The system for prioritizing needs and processing referrals was described by family advocates and the project manager.
- **Description of staff development and support activities** - The project manager and mental health manager provided written and verbal information about these activities.

Interviews and Observations

Individual interviews, focus groups and classroom observations were conducted by the evaluator. Each is described below.

Four focus groups (three in English; one in Spanish) were conducted during May 1995 in order to gain the perspectives of key stakeholders. Focus group interview protocols were developed by the evaluator. All sessions were facilitated by the evaluator with the exception of a focus group for Spanish-speaking parents, which was conducted by two bilingual Morrison Institute graduate assistants. Each session lasted between one and two hours and was audio taped and transcribed. Focus groups were conducted with the following groups:

- Program management team: program manager, education manager, health coordinator, and mental health manager.
- Program staff: family advocates, lead and assistant teachers, and mental health specialist.
- Parents participating in the project (10 English-speaking and three Spanish-speaking).

Individual interviews were conducted in August 1995 with the following people:

- Director of UMOM shelter
- Director of Southwest Head Start

Both formal and informal classroom observations were conducted for the evaluation. In June 1995, one formal observation was conducted in the morning and afternoon classes, each lasting two hours. The purpose of the formal observation was to document the presence or absence of developmentally appropriate practices, transition activities, flexibility, and adaptations made to accommodate the homeless population. For this purpose, a Developmentally Appropriate Practice Template-ADAPT field test version (Gottlieb, 1995) was used as the observation tool. This

instrument was reviewed and approved by the education coordinator, the project manager, and the director of Southwest Head Start as appropriate for the Head Start classroom. This instrument assesses three components of developmentally appropriate practice: 1) promoting children's academic development (curriculum and instruction); 2) supporting children's social and emotional development (interaction); and, 3) facilitating children's overall development (classroom management). It also includes a summary rating of developmentally appropriate practice.

Informal observations were conducted approximately ten times throughout the year. These visits to the classroom usually involved observing the current classroom activity and talking with the lead and assistant teacher. Informal observations served the purpose of acquainting the evaluator with the staff and daily operations of the program, and the overall tone and environment of the classroom.

Aspects of the classroom that relate to transitional activities and flexibility were assessed through classroom observations, lesson plans, classroom schedules, and discussions with lead and assistant teachers.

RESULTS

In this section, family demographics and family mobility information are presented, followed by findings related to children, families, system, and policy.

Family Demographics and Mobility

Demographic data presented here are derived from the homeless family database and reflect all children and families who participated in the program during year one (n = 68). Data related to mobility include those families who entered and exited UMOM Head Start during the program year (n = 53).

Demographics

- 33 families (49%) entering UMOM Head Start are headed by single females
- the average number of children in UMOM Head Start families is 3.3
- the average age of UMOM Head Start mothers is 30; the average age of fathers is 34
- 16 families (24%) in UMOM Head Start are predominantly Spanish-speaking

Figure 1

History of Homelessness

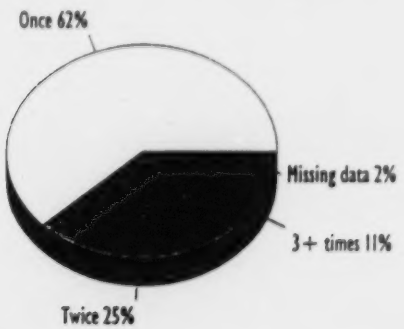


Figure 2

Ethnicity

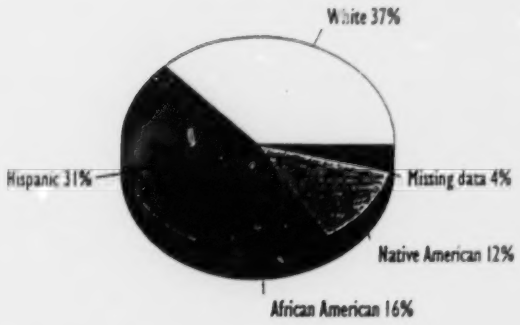


Figure 3

Mother's Education Level

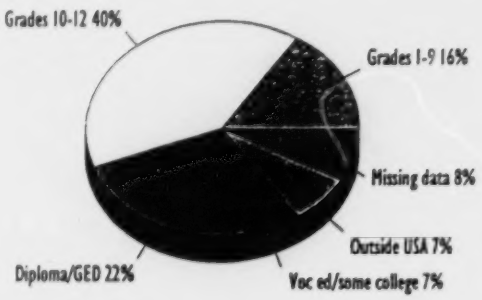
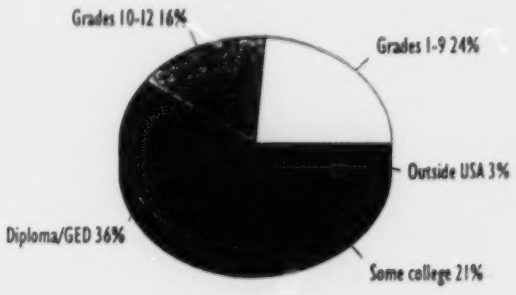


Figure 4

Father's Education Level



Family Mobility

Table 3: Average Number of Days in Program

	Mean	Median*	Range
Shelter Children (Homeless; n=61)	87	44	6 - 372
Community Children (Not homeless; n=7)	224	288	1 - 372

* The median is the point below which half the observations fall. The median is a more accurate indicator of length of stay than the mean because it is less susceptible to outlying numbers which pull the mean up or down.

Figure 5

Length of Stay in UMOM Head Start

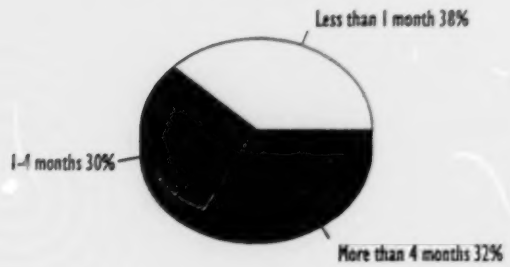
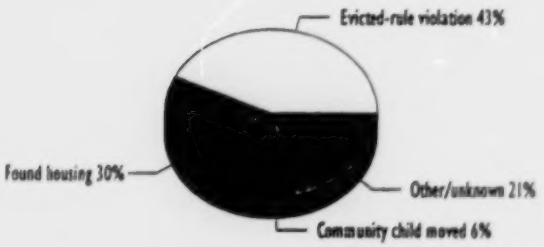


Figure 6

Reason for Leaving UMOM Head Start



Child Outcomes

Education-related Outcomes

Evaluation Question 1.1 - Part A.

Do homeless children enrolled in UMOM Head Start show growth in the following areas? a) language skills; b) social skills/emotional; c) physical - fine/gross motor.

An insufficient number of child assessments were available to conduct a systematic analysis of children's growth in the three developmental domains. No data were available related to language development. Some qualitative information was provided by teachers about children's social/emotional and physical development.

In focus groups and other discussions with the evaluator, teachers noted observing growth in social and emotional development. They said children became less timid and more responsive during their time in the program. They were also better able to label their emotions, particularly related to feelings of fear, sadness, and anger. In the area of physical development, teachers said they observed progress in children developing their fine motor skills.

Evaluation Question 1.1 - Part B

Is the Head Start classroom a safe, reassuring, flexible environment that is conducive to smooth transitions?

Classroom observations and the program staff focus group provided information about whether the classroom is a safe, reassuring, flexible environment that is conducive to smooth transitions.

During the focus group, teachers reported various efforts they made to accommodate the special needs of homeless children. They learned early in the year that making visual changes to the classroom environment was disconcerting to the children. For example, changing the artwork displayed or adding to the amount of artwork or other materials on the walls, having a large selection of toys, games, and other learning materials, or introducing new songs too often were reported to be overwhelming to children. Teachers addressed this issue by introducing new artwork infrequently and only when children were present in the classroom and could witness the event. Teachers added materials to the classroom gradually, stopping when they found the optimal level, based on the children's reaction.

The management team focus group participants observed that teachers identified the need to modify the curriculum for children in UMOM Head Start. Since the turnover is so high and the risks children encounter are so great, curriculum pertaining to personal safety and health became a high priority, and lessons were repeated monthly. For example, children learn about traffic and fire safety, and how to dial 9-1-1. Lesson plans corroborate the claims of focus group participants.

Teachers reported that in order to accommodate the children's needs, they sometimes need to change their practice in ways which are not consistent with their understanding of developmentally appropriate practice. For example, the amount of open-ended artwork is reduced in favor of more structured art activities. Although giving children prescribed forms of art work goes against the teachers' beliefs about best practice, they feel it necessary because homeless children are not able to see closure in most aspects of their lives. Therefore, teachers believe it is important that the children are able to have clear end points to their projects.

Teachers also described the many different activities and strategies they used to ease the effects of children constantly entering and leaving the program. In order to ease transitions of children out of the classroom, going-away parties are held and photographs are taken. Pictures are placed on the wall and given to the departing children. Old friends who have left the program are remembered in conversation and through their artwork which remains on the walls. However, these activities can only occur when teachers have notice that a child is leaving.

To help newcomers adjust to the classroom, children are assigned buddies to familiarize them with the schedule and rules and show them the important places in the classroom. Teachers have found this "buddy system" to be effective since many of the children seem to be intimidated by new adults.

Once children adjust to the classroom, teachers report that the enthusiasm displayed by children in UMOM Head Start is greater than that of children in typical Head Start classrooms. Head Start is one of the few elements of the children's lives that is stable and predictable. Parents corroborate that their

children are excited about going to class. They report that their children pressure them to go to class when the parents may not otherwise make the effort.

Classroom observations are consistent with many of the teachers' insights. The classroom environment is not overly rich with materials, but ample supplies and materials are available. ADAPT revealed supportive evidence of developmentally appropriate practice. Scores from both classrooms are combined since differences between the classes were minimal; Table 4 presents mean scores from ADAPT.

Table 4: Mean ADAPT Scores* for AM and PM Classrooms Combined

Curriculum and Instruction	Interaction	Classroom Management	Summary (overall)
4.0	4.4	3.8	4.0

* Based on a scale of 1 to 5, with 5 being the most developmentally appropriate.

ADAPT revealed strong evidence of developmentally appropriate practice in the following areas:

- Teachers adapt instruction to children's interests, needs, and prior knowledge
- Teachers facilitate learning, support children's decisions, and advocate for each child on his/her behalf
- Children's social and emotional development is consistently supported by peers and teachers
- Learning centers are inviting to children, with variety of real objects; displays of child-generated work
- Time is flexible, based on input from children and work required for projects and constraints of the day

Health and Nutrition-related Outcomes

Evaluation Question 1.2

Are homeless children in UMOM Head Start receiving needed medical/dental screenings, immunizations, and treatment?

Data reported quarterly by program staff[1] indicate that medical and dental care are made available to participants but are utilized to varying degrees. For example, 51 percent of participants were already completely immunized before entering the program, while only four percent had ever received a medical or dental screening. Medical and dental screenings are the most frequently used services. Table 5 below shows health service utilization.

Further analysis of the health records of children who left the shelter without receiving services (i.e., "not at all" column), shows that over half of them were enrolled in the UMOM program for more than one month.

It was reported that follow-up medical treatment was not needed by any children. Thirteen percent of the children needed dental treatment, and 14 percent of those cases completed treatment.

1 Some inconsistencies were found in data documenting health services for the database. Most of these inconsistencies were resolved through follow-up with the health coordinator. The data reported here reflect services reported by the health coordinator.

Table 5: Medical and Dental Services

	Before entry	During program	Not at all	Missing data
Full immunizations	51%	23%	21%	5%
Medical screening	4%	40%	47%	9%
Medical exam	9%	11%	74%	6%
Dental screening	6%	30%	58%	6%
Dental exam	4%	9%	81%	6%

Focus group data indicate that completing screenings has been a focus. The health coordinator confirmed that it was difficult to complete screenings before children leave the program, although no specific reasons for the difficulty were discussed.

Evaluation Question 1.3

Are homeless children enrolled in UMOM Head Start receiving ample well-balanced snacks and meals? Are children receiving nutrition information and participating in nutrition-related activities?

As a Head Start program, UMOM Head Start complies with nutrition guidelines set by the Head Start Bureau. A review of the menus verifies that children are receiving ample, well-balanced snacks and meals.

A review of the lesson plans did not show activities that were specifically nutrition-related, although during classroom observations, a food pyramid poster made by teachers and children was hung in the classroom. Many different food-related activities are reflected in lesson plans, especially in reference to different cultures. For example, corn tortillas were made during a unit on Mexico. Learning where food comes from and tasting different kinds of food was also emphasized. Health and hygiene-related activities also appear frequently in the lesson plans; for example, proper tooth brushing and hand washing techniques were reviewed bimonthly.

Teachers have made some interesting observations about homeless children's eating habits and relationship with food. They have noticed that many of the children have had very little exposure to fruits and vegetables, noting that some children had never tasted a banana. They believe that this may be due to the fact that often parents shop at convenience stores, where fruits and vegetables are not widely available. The health coordinator has conducted workshops for parents about getting the most nutritional value for the dollar and doing cost comparisons between grocery stores and convenience stores.

Teachers also reported that many children are easily disturbed by different food textures and will not eat if the appearance or texture is strange to them. In an extreme case, a child who received speech therapy and was extremely thin

was unable to eat most food without gagging. Her teacher worked with the speech therapist who suggested that she teach the child to place food toward the back of her tongue, where the least resistance would occur. The child used this strategy and was able to eat without gagging. Teachers stated that by paying close attention to eating behaviors they were able to detect problems such as this.

Family Outcomes

Evaluation Question 2.1

Is there evidence of increased communication between children and adults and increased family-to-family relationships?

The data used to answer this question were program documentation of parent involvement from the homeless family database and focus group data.

Family-to-Family Relationships

Parents who participated in the focus groups noted that they have had the opportunity to form friendships with other families through the *Parents as Teachers Program*. They also reported that the program has been very beneficial in terms of developing their parenting skills and providing other useful information.

Family advocates also noted that the *Parents as Teachers Program* has acted, in part, as a kind of support group for parents, giving them an opportunity to share their experiences. Advocates stated that after the program ended, parents discussed continuing to meet just to talk about issues and problems they encounter.

Parent-Child Relationships

Positive changes in how parents interact with their children is viewed by most stakeholders as one of the most important effects of UMOM Head Start. Parents mentioned that the *Parents as Teachers Program* was largely responsible for changing their views on parenting. They said the program equipped them with new parenting skills and strategies they did not possess before.

Time spent volunteering in the classroom left its mark as well. One parent said "The teachers show you alternative ways to deal with problems that come up." Their observations included that the teachers never yell at the children, the children are taught to treat their teachers and all other adults with respect, and in the classroom, parents and children are reminded that the parent is the child's first and most important teacher. Teachers were not surprised by comments such as these, as they confirm their belief that modeling appropriate interaction is the most effective means to change negative parenting behaviors.

Evaluation Question 2.2

Is there evidence of increased parental involvement in developmentally appropriate activities with their children?

The data used to answer this question were program documentation and information from the program staff focus group.

The Homeless family database included total hours parents contributed to their child's education in Head Start, either at

home or in the classroom. These data are reported as a per week average, so that a family's total time spent in the program is taken into consideration. The average number of hours per week of in-kind parent participation is reported as 2.2 hours (almost nine hours per month), most of which takes place in the form of volunteering in the classroom. During this time, parents are involved in developmentally appropriate activities with their children.

The parent focus group produced some mention of experiential learning activities parents helped their children with, such as collecting leaves for an in-class project. Parents described an increase in their understanding about what kinds of activities preschool children like to do, and how and what they like to learn.

The *Parents as Teachers Program* also provided parents with opportunities to gain additional knowledge related to parenting. These twelve week programs were well-attended; Nineteen percent of the parents attended six or more of the sessions. Another 18 percent of the parents attended five or fewer sessions. About half (51%) of the parents did not attend at all. Data were not available for 12 percent of parents.

Evaluation Question 3.1

Is there evidence that homeless parents are gaining independence such as obtaining and maintaining employment and/or permanent housing?

The answer to this question is based on three primary sources: 1) a review of Family Development Checklists and Family Enrichment Plans; 2) focus group data from program staff and the management team; and 3) the homeless family database.

The review of Family Development Checklists and Family Enrichment Plans was done in order to assess family progress toward the goals they set together with the family advocate. Documentation of services provided, referrals made, and family action taken in response to services was not consistently noted on the forms, so no conclusions about family progress could be drawn from the review.

Enrollment in Social Programs

UMOM Head Start staff and management agree that one of the first steps families can make toward self-sufficiency is ameliorating their immediate economic distress by enrolling in programs to receive benefits for which they are eligible. Although many families were enrolled in different social programs prior to entering the program, Table 6 below shows that a considerable number were enrolled while in UMOM Head Start. For complete enrollment data, see Appendix C.

Table 6: Percentage of Families Enrolled in Economic Support Programs (n = 53)

Program	Enrolled prior to entry	Enrolled during program	Not enrolled at exit	Missing data
AHCCCS	47%	40%	8% *	–
Food stamps	38%	42%	17%	3%
AFDC	40%	36%	6% **	5%

* 4% had insurance through a job
** 13% were not eligible for AFDC

Employment

Employment data were collected at family entrance and exit from the program, and records were compiled on the database. As expected, most parents were unemployed when they entered the program, and the majority of those families did not obtain employment while in the program. The employment status of UMOM Head Start parents is shown below.

Employment Status at Entrance:

- 46 of the 53 families (87%) entering the UMOM Head Start program were unemployed.
- Six of the 53 families (11%) entering the UMOM Head Start program were employed.

Employment Status at Exit:
(based on those who entered the program unemployed)

- Of the 46 families who entered the UMOM Head Start program unemployed, 33 (72%) also left without employment.
- Of the 46 families who were unemployed at entrance, 13 (28%) gained employment during their stay in the program.

Enrollment in Educational Programs

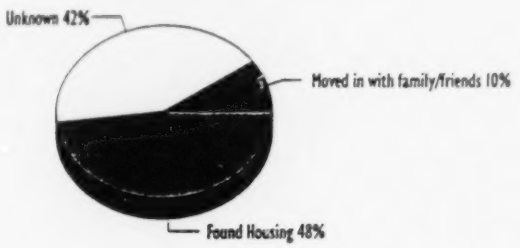
Seven percent of the parents, most of whom were unemployed while in the program, enrolled in educational programs such as GED classes or community college courses. Parents in the focus group emphasized that UMOM Head Start staff were very supportive of their efforts to continue their education. A few parents told of the help family advocates gave them in preparing for educational programs, such as signing up for GED classes, securing loans, and locating financial donations for school books.

Housing

Almost half (48%) of the 53 program participants who left the program during the year obtained permanent housing upon leaving UMOM Head Start; another 10 percent found housing with relatives or friends. Forty-two percent left without giving any notice, so their whereabouts could not be determined.

Figure 7

Housing Status



System Outcomes

Evaluation Question 4.1

How are "successful " and "effective" defined by the stakeholders in the demonstration project?

Focus group and interview data were used to determine stakeholders' definitions of "successful" and "effective" regarding UMOM Head Start. Directors of both the UMOM shelter and Southwest Head Start believe that major indications of a

successful UMOM Head Start program are:

- increasing the self-esteem and feelings of capability of parents, which may precede other more concrete measurable changes in family stability
- positively changing communication patterns and interactions between parents and their children

Program staff and management expressed their definitions of success as:

- helping families to think of the intermediate and long-term future and developing plans for that future
- helping families to face problems and make the choices that will improve their situations
- finding housing for families

The management team also expressed that success is relative to "where a family starts." They noted that families are homeless for many different reasons; most lack any stability in their lives. For some individuals, simply getting their child to class most days is a major accomplishment. Although many families do not show major movement toward self-sufficiency during their stay at the shelter, small steps may bring them closer to that goal. For example, getting temporary housing with a friend may allow them to hold a job or go to school.

Evaluation Question 4.2

What strategies are most successful for enrolling and retaining homeless families in Head Start? What barriers exist in this area?

Data sources used to answer this question were program documentation and focus groups.

Enrolling Families in UMOM Head Start

Both program documentation and discussions with the project manager provide evidence that the UMOM shelter staff and UMOM Head Start staff worked together to develop an efficient process for enrolling families. The process starts with family intake by the UMOM caseworkers. If a child in the family is eligible for Head Start, the parent is given enrollment forms and is introduced to the UMOM Head Start family advocate. She explains the program and sets up an appointment to complete the application process. At this point, the family advocate and teacher make a home visit to the family, explaining the classroom, schedule, program rights and responsibilities, and the opportunities to volunteer in the classroom. If the program is at maximum capacity, the family is placed on a waiting list. There is usually a short waiting list but spots open quickly due to the transience of the families. Program staff and the management team report that this enrollment process has worked well.

Retaining Families in UMOM Head Start

Retaining families in the program has been more of a challenge than enrolling them. In total, 68 children participated in the program from July 1994 to July 1995,

representing almost three complete turnovers in participants. Much of the attrition (48%) was due to families leaving because they found housing in other parts of Phoenix.

A strategy implemented at the beginning of the year to address attrition was to permit any participants who moved from the shelter to continue the program. This policy had positive results for retention. Overall, 19 percent of those who left the UMOM shelter chose to continue to participate in the Head Start program.

Another effort to retain families in the program also proved successful in reducing attrition. Early in the year, many of the families that were evicted for violating shelter rules were not permitted to regain entry into the shelter to continue the program. After negotiation between Head Start and UMOM, the UMOM administration agreed to allow former residents onto the property to bring their children to class and pick them up, thus improving retention in the program.

The management team stated that the ability to retain almost 20 percent of the families in the program after leaving the shelter was, in large part, due to the rapport that staff cultivates with families. In addition, staff believe their efforts to involve parents in social activities at UMOM Head Start creates a strong commitment to the program. In the last quarter of the program year, the UMOM staff organized a carnival and a picnic for the families; both were well attended.

Barriers and Solutions

Retaining families in UMOM Head Start is limited by the transience of families and the availability of local housing. It is unreasonable to expect people who have located affordable housing and who may lack transportation to travel for the sake of a Head Start program. Therefore, when possible, efforts have been made by UMOM Head Start staff to place children in Head Start programs that are near their new residences. This was possible for eight percent of the families who left the program. However, the majority of families (65%) did not continue with a Head Start program after leaving UMOM Head Start.

Evaluation Question 4.3

Was a system developed which: a) prioritizes the type and level of a family's need; b) processes referrals quickly; and c) includes a homeless client database?

Prioritizing Family Needs and Processing Referrals

A formal system has not been developed to prioritize needs and process referrals quickly. Instead, the emphasis for family advocates has been to assess families' current situations and needs and to develop individualized plans and referrals as necessary. Although there is no mechanism in place to assess the speed of processing referrals, the family advocate caseload of 13 allowed them to concentrate their efforts and work intensively on families' individual needs. This informal system appears to be sufficient to meet families' needs, since overall, parents indicate that they are very satisfied with the level of assistance provided by the family advocates.

Homeless Client Database

The homeless family database that was developed by the evaluator provides information about the demographic profile of the UMOM Head Start participants, information about their mobility, self-sufficiency, parent participation, and child health data. Although the system for collecting data had to be refined over the first year, feedback from program staff and management were positive about the potential benefits of this system. A summary about the first year of program implementation derived from the database is shown in Appendix C.

Evaluation Question 4.4

Is there evidence of collaboration between SWHD-Head Start and other providers that deliver services to homeless families? What strategies appear to be most successful? What barriers exist?

Collaboration

According to the management team, the program area in which most collaboration has occurred is the family enrollment process. The UMOM Head Start project manager and UMOM shelter director worked together to design an enrollment process that takes place when families enter the shelter. UMOM Head Start was also able to coordinate with the Homeless Outreach nurse to administer immunizations and was sometimes able to arrange transportation for families to get to follow-up appointments.

During most of the program year, communication about implementation issues has occurred between the UMOM Head Start project manager and the director of UMOM. However, as time passed, program staff developed their own connections. For example, the UMOM child care center director started interacting with Head Start teaching staff to learn more about some of the Head Start components and performance standards. UMOM shelter staff also attended some UMOM Head Start training sessions.

The UMOM Director believes that meetings involving both UMOM Head Start and UMOM shelter staffs reinforce shared goals. In addition, she hopes to involve SWHD with the new programs being implemented in the coming year, the goal being to avoid any potential duplicated services.

Barriers to Collaboration

Although regular meetings between the UMOM director and the UMOM Head Start project manager are reported, communication has sometimes been a challenge. Differences in organizational philosophy and practices have created some difficulties in implementation; however, most issues have been addressed and resolved. For example, the fact that many families who were participants of the UMOM Head Start program were evicted from the shelter for violating shelter rules had an immediate effect on retention. This problem was resolved quickly by the UMOM shelter director and the UMOM Head Start project manager so it became possible to allow evicted families to continue the program.

Another challenge to delivery of services to families described by the UMOM shelter director was overlap in the roles of

the family advocates and the UMOM caseworkers and housing coordinator. Towards the end of the program year, the UMOM director and Head Start project manager agreed that, in the future, the family advocate would attend monthly meetings in order to clarify roles and prevent duplication of efforts.

Transportation was described as the largest barrier to providing services. Although UMOM sometimes provides bus tokens, and UMOM Head Start links with other agencies to provide transportation, parents and staff note that, at times, lack of transportation prevents families from taking planned actions. The management team notes that when activities occur or services are offered on the UMOM site, participation is much greater than when people must travel to an activity.

Evaluation Question 4.5

Are system supports adequate to support the efforts of the Head Start staff?

According to program staff and management team members, the support provided to program staff was adequate and was viewed as crucial to their success in working with homeless children and families. The support system for UMOM staff has consisted of formal monthly group sessions facilitated by the mental health manager. In these "support" sessions, different topics were addressed depending on the group's needs at the time.

According to the mental health manager, several topics emerged during support group sessions: negative feelings toward parents who subject their children to homelessness; changes the teachers were finding necessary to make to their teaching practice that were at odds with their views on best practice; and, how much assistance to families is enough and how to maintain objectivity.

The first issue to emerge was the staff's reaction to the effects of transience on children. Resolving feelings of anger toward parents who bring children into such an unstable situation and the sadness they felt for the children surfaced throughout the year.

Program staff also discussed the conflicts teachers felt over changes to their teaching approach which they found necessary. Some of these changes went against their knowledge of developmentally appropriate practice, such as minimizing the open-ended artwork in favor of more structured art and limiting the number of choices in materials available to children.

One question was a source of anxiety for both teaching staff and family advocates; how far is it appropriate to go in order to help a family or "when is enough help enough?" Most staff acknowledged that beyond a certain point, providing help is, as one person said, "actually supporting a family in their dysfunction." Program staff confirmed that they came to the realization that one cannot "be the savior of all souls." There are families who are not ready to be helped and that fact has to be accepted. Staff expressed that the critical nature of family problems contributed to their tendency to go beyond what would be considered reasonable in other settings. Maintaining a sense of neutrality or objectivity was a struggle all staff addressed during the year. As one family advocate stated, "A lot of times they [families] have been in the system for a long time. It sounds callous to

say, but it gets easier to spot the people who are really sincere about changing their situation. You'll go even further for them. And that's o.k. because it pays off. For example, we've got a lot of people in school now."

In addition to the formal support sessions, staff expressed that informal support was being provided constantly, at lunch and during regular meetings. Staff said the close relationships and support among themselves was the most critical element in being able to work with a homeless population. The importance of working as a cohesive, interdependent group was emphasized by all staff.

Evaluation Question 4.6

Are SWHD staff developing the skills necessary to work with homeless children and families?

Program staff report that the primary skill they have developed as a result of the project is how to collaborate with other staff across program components. One teacher noted that, because of the severe nature of some of the problems homeless families have, constant communication and cooperation between personnel are necessary. Another skill that was mentioned numerous times throughout the focus groups was the importance of developing and maintaining good working relationships and support systems.

Classroom observations revealed that teaching staff have learned how to adapt the environment and their interaction with children to suit the needs of homeless children. For example, unlike typical Head Start classrooms where rules are introduced immediately, children in UMOM Head Start are given the opportunity to explore the classroom and become comfortable in the environment before being exposed to the rules. Because many children are timid when they begin the program, they are given more time to adjust to being in the classroom environment and seeing the routine, before they are actively encouraged to join all the group activities.

Policy Outcome

Evaluation Question 5.1

What strategies appear to be effective for providing services that are appropriate for homeless children and their families? What barriers exist in this area? How is the information being disseminated?

Staff and management were asked in focus groups what strategies were most effective in providing services. The only concrete response to this question was the procedure for enrolling families in the program. In response to what barriers exist, staff noted that lack of adequate transportation is often a barrier. Regarding dissemination of information about the program, the project manager, lead teacher, and evaluator made a presentation at the 2nd Annual Arizona Conference on Homelessness in late September 1995.

Table 7: Summary of Findings from Year-One UMOM Head Start Evaluation

Evaluation Question		Year-One Status
Children		
1.1a	Do children show growth in language, social/emotional, physical development?	Insufficient data
1.1b	Is the Head Start classroom a safe, reassuring, flexible environment, conducive to smooth transitions?	Yes
1.2	Are children receiving needed medical/dental screenings, immunizations, and treatment?	Some children are receiving services
1.3	Are children receiving ample snacks and meals and receiving nutrition information?	Yes
Families		
2.1	Is there evidence of increased communication between adults and children and increased family-to-family relationships?	Yes
2.2	Is there evidence of increased parental involvement in developmentally appropriate activities with their children?	Yes
3.1	Is there evidence that parents are gaining independence, *e.g.*, obtaining employment and permanent housing?	Yes, but there are insufficient data to attribute gains to the program
System		
4.1	How are "successful" and "effective" defined by stakeholders in the demonstration project?	Multiple definitions by stakeholders
4.2	What strategies are most successful for enrolling and retaining families in Head Start	Various strategies identified as successful
4.3	Was a system developed which: a) prioritizes the type and level of a family's needs; b) processes referrals quickly; c) includes a homeless client database?	a) Yes, informal system b) Yes, informal system c) Yes
4.4	Is there evidence of collaboration between SWHD and other providers that deliver services to homeless families?	Evidence of some collaboration
4.5	Are support systems adequate to support the efforts of the Head Start staff?	Yes
4.6	Are SWHD staff developing the skills necessary to work with homeless children and families?	Yes
Policy		
5.1	a) What strategies appear effective for providing services to the homeless? b) What barriers exist? c) How is information being disseminated?	a) Multiple strategies identified b) Some barriers identified c) Paper presentation at AZ conference on homelessness

DISCUSSION AND RECOMMENDATIONS

The UMOM Head Start project has been identified by the Title 1 Unit, Stewart B. Mckinney Grant Office of the Arizona Department of Education, as the only preschool program in Arizona known to specifically target homeless children. In addition, of the 16 such demonstration projects funded by the Administration for Children and Families, the Arizona UMOM Head Start project is the only one to operate on the campus of a homeless shelter.

The Administration for Children and Families funded the demonstration projects to achieve two overall goals: to provide educational and social services to homeless children and families, and to develop effective models of service delivery to this population. Southwest Head Start achieved both of these general goals in the first year of implementation. Homeless children and families are now receiving needed educational and social services, and Southwest Head Start is learning how to serve homeless children and families.

The evaluation of UMOM Head Start examined specific outcomes in four areas: children, families, the system, and policy. Year one evaluation results provide information about current levels of service delivery and perceptions from each group involved in the program. Based on the results, recommendations are offered which may be used to modify the program in order to attain desired outcomes of interest to Southwest Head Start.

Results from the first year evaluation are promising; many of the desired outcomes for UMOM Head Start were entirely or partially achieved, although a causal relationship between certain services provided and outcomes achieved cannot be determined at this time. There are also several areas where the program could be modified and strengthened. The implications of findings related to outcomes for children, families, the system, and policy are presented in this section, followed by recommendations.

Children

Results related to educational, health, and nutrition outcomes for children are mixed. Because systematic assessments were not conducted during year one, it is not possible to say whether children showed growth in each developmental domain. Program staff stated in focus groups that they believe children showed growth in social and emotional development, regardless of length of stay. However, if growth across the three developmental domains is a desired outcome for UMOM Head Start, systematic child assessments will need to be done.

Teachers report having learned much about the developmental strengths and needs of homeless children. Staff observe that children make progress in developing fine motor skills and are less timid and shy after time in the program. Some of the characteristics UMOM Head Start teachers describe children as having at program entrance are similar to those described by other researchers (Bassuk & Rubin, 1987; Molnar, 1988). However, more serious developmental delays and behavioral and emotional problems which are noted throughout the research (Bassuk &

Rosenberg, 1988; Molnar, Rath, & Klein, 1990) are not described by UMOM Head Start teachers.

There is strong evidence that UMOM Head Start provides developmentally appropriate activities in a safe, reassuring, flexible environment which is conducive to smooth transitions. Classroom observations reveal supportive evidence that curriculum and instruction, interaction, and classroom management are developmentally appropriate. The classroom observations and focus groups clearly show that staff have made many modifications to the Head Start program to better meet the unique developmental needs of homeless children. Some aspects of the education component (classroom environment, curriculum, transitional activities, and interaction) have been changed based upon what teachers knew about homeless children when the program began and wh[illegible] they learned through practical experience during the first program year. Both program staff and parents indicate that children are very enthusiastic about Head Start. While this serves as feedback for teachers, it serves as motivation for parents to continue bringing their children to class.

The health outcomes for children indicate that both medical and dental services were made available to children, and the percentages of children served vary according to type of service. Although some discrepancies were found in data provided, most were resolved. These data supplied by the health coordinator showed that half of the children were already immunized before entering the shelter, and almost one-fourth were immunized during the program. Forty percent received medical screenings, and a third received dental screenings while enrolled in the program. Far fewer children actually received medical and dental exams during their time in the program, and of those, very few were documented to require treatment. While the dental and medical exams and treatment require trips to the dentist or doctor, transportation, and coordination with the parent, all other health services can be handled on site by existing staff. The low need for dental treatment that was documented is not consistent with comments made by teachers regarding the poor condition of many children's teeth.

Overall, results indicate that, while some children did receive medical and dental screenings and exams, a fairly large percentage left the program without receiving these services. Of those children who left without these services, about half were enrolled in the program longer than one month. The level of health and dental services being provided should be examined by program management to determine whether it meets the desired level of service for this component.

The mental health services provided in UMOM Head Start are considered a part of the overall health component. Although no desired outcome was specified for the mental health component, the mental health specialist provided a number of different services, including consultations and referrals for parents and assistance to children in the classroom.

The desired outcome of providing children with ample, well-balanced snacks and meals is being attained. Children eat a variety of healthy foods and parents are educated about nutrition and shopping for healthy foods. A review of lesson plans shows that food-related activities were a part of the curriculum, presented primarily in the context of cultural experiences. Program documentation showed the

regular occurrence of many health and hygiene-related activities.

Family

Demographic data about participants reveals similarities and differences between UMOM Head Start participants and the sheltered homeless families described in other research. Research that describes characteristics of the homeless has focused mostly on single men and women and single women with children, but little demographic data are available to compare homeless fathers. Selected comparisons between other research and UMOM statistics are presented here.

- Homeless mothers are generally not young parents. Bassuk & Rosenberg (1988) examined female-headed families and found that the average age of homeless mothers was 28. The UMOM Head Start mothers are slightly older, with an average age of 30.

- In 1988, the Children's Defense Fund (as cited in Eddowes & Hranitz, 1989) estimated that approximately two-thirds of all homeless families are headed by single mothers. In comparison, nearly half of UMOM Head Start families are headed by single mothers.

- Race/ethnicity of homeless individuals is a characteristic that has been examined annually by the U.S. Conference of Mayors, in a 30-city survey. In their most recent report (Waxman-DeKoven & Peterson, 1994), the distribution of ethnicity of the homeless was as follows: white - 31%; African American - 53%; Hispanic - 12%; Native American - 3%. The segment of white participants in UMOM Head Start is similar to the national level (37%). However, the minority participants in UMOM Head Start are quite different than national statistics would predict, but are reflective of the local minority populations: African Americans account for 16% of participants; Hispanics account for 31%; and Native Americans account for 12%.

- Homeless mothers are more likely to have lower levels of education than other poor women. In their study of demographic characteristics of the homeless, Burt and Cohen (1989b) noted that while 57% of all poor individuals have completed high school (Bureau of the Census, 1985), only 32% of homeless women with children, in their study, had a high school diploma or GED. In comparison, only 22% of UMOM Head Start mothers have a high school diploma or GED.

Data on family mobility revealed, not surprisingly, that the most stable group in the program was non-homeless children from the community (n = 7); their median length of stay was 288 days. On the other hand, shelter residents (n = 61) had a 44 day median length of stay. Notably, a third of the children remained in the program for at least four months. This relatively stable core makes the goals of assessing children's developmental progress and family progress toward self-sufficiency more attainable.

Desired outcomes for families relate to two overall objectives: 1) to empower parents to develop their role as their children's primary teacher; and 2) to

promote parents self-sufficiency through comprehensive, family-focused services. Desired outcomes that relate to the first overall objective specify improved relationships within and between families, and appropriate communication between children and adults.

There is evidence that parents have learned new parenting and communication skills. Results indicate that parents are more aware of their children's development and what are appropriate activities and tasks for preschool-age children. In fact, improved communication between parents and children are reported by parents and observed by UMOM Head Start staff and the UMOM shelter staff. Positive changes in parent and child interaction is noted by some individuals as one of the most noticed and important outcomes of the program. Focus group data provide evidence that families are also forming relationships with other families through the *Parents as Teachers Program* and other activities provided by UMOM Head Start.

Program documentation provides evidence that parents are participating in UMOM Head Start. On average, parents contributed nearly nine hours a month in the classroom or at home. Program staff and the management team state that this nearly parallels participation in typical Head Start classrooms. This high level of participation exceeds the expectations of program management and staff and directly contradicts what the management team learned at the grant recipients' meeting prior to program implementation. At that meeting, others who had worked with homeless families emphasized that parent participation should not be expected at all. The high levels of participation at UMOM Head Start may be partly due to the fact that UMOM Head Start is located at the shelter, so there is no transportation barrier. Parent participation is noted by staff as an unanticipated positive outcome that helps both the parents and their children. Overall, the time parents have spent in the classroom, participation in the *Parents as Teachers Program*, and other involvement in UMOM Head Start social activities seem to have made positive contributions to the development of their role as parents.

The second major objective for families relates to gaining increased independence and self-sufficiency through family-focused services. The database provided evidence that families, in many cases, made steps toward self-sufficiency. Over half of the families that left the program moved into permanent housing or moved in with friends or relatives. Some gains were made in employment as well. While the majority of parents (72%) who entered the program unemployed also left unemployed, almost a third did obtain work. Another seven percent enrolled in education programs during their stay. Over three-fourths of program participants were enrolled in economic support programs (i.e., AHCCCS, food stamps, and AFDC) either before or during their time in UMOM Head Start. This level of enrollment is notable in light of other research findings which show that two-thirds of homeless families do not seek the help for which they would be eligible (Baum & Burnes, 1993; Burt & Cohen, 1989a).

There is evidence that families received social, economic, or educational services to increase their self-sufficiency, and some did increase their self-sufficiency by finding employment or housing. It is not possible, however, to attribute a causal relationship between services provided by UMOM Head Start and indicators of self-

sufficiency. The UMOM shelter has a team of caseworkers and a housing coordinator who also provide services to families, and documentation is not detailed enough in most cases to determine whether UMOM Head Start staff provided the services. Determining whether movement toward self-sufficiency has occurred as a result of UMOM Head Start services will require more specific documentation of family services than what is currently being captured.

System

In the first year of program implementation, much has been learned about delivering services to homeless children and families and working with other agencies. UMOM Head Start staff successfully worked with the UMOM shelter to develop a process for enrolling children that is connected to the UMOM caseworker's family intake system. An informal system was used to prioritize families' needs and process referrals quickly, and this system appears to be sufficient.

As predicted, retaining families in the program has been a challenge, although retention in the program has been higher than anticipated by the management team. Data provide evidence that several factors may contribute to this retention. UMOM Head Start staff have made efforts to offer a program that is responsive to children's needs and interests and have involved parents in the process. As a result, it appears that both parents and children like the program. Another factor that was described by UMOM Head Start staff and management and echoed by parents is an organizational philosophy that endorses respect for all participants, building upon families' existing strengths, and modeling positive interaction. These factors may increase parent motivation to continue the program. The fact that almost 20 percent of families who left the shelter continued to bring their child to class is evidence that UMOM Head Start is meeting the needs of children and families. Family advocates have also successfully retained children in the Head Start program by helping eight percent of the families enroll their children in the Head Start nearest to their new home once they move.

The desired outcome of collaboration between Southwest Head Start and the UMOM shelter is occurring in some ways. The data show that some elements of true collaboration as described by Melaville and Blank (1991) are in place. For example, both organizations have negotiated some program and policy changes to ensure the success of the UMOM Head Start program. Both partners have jointly planned, implemented, and evaluated new services and procedures, such as the enrollment system. Some other aspects of the program have been cooperative rather than collaborative. A fully collaborative partnership for this project is probably unrealistic because of the funding structure and the different roles and missions of each organization.

Cooperation occurred in many instances between Southwest Head Start and the UMOM shelter, especially at the staff level. For example, UMOM Head Start staff consulted with the director of UMOM's child care center about many issues. The UMOM child care and family service staff was invited to attend the UMOM Head Start staff trainings and some meetings. UMOM Head Start staff also had cooperative agreements with

other agencies with whom they worked in providing services to families.

One challenge to implementation that was described by many people involved in the program was communication. It was noted by the UMOM shelter director that there was some duplication of services, especially in the area of housing, as the task of finding housing was being done by the family advocates despite the presence of a housing coordinator on the UMOM staff. Focus group and interview data provide evidence that increased communication among the family advocates and the UMOM caseworkers and housing coordinator would be beneficial to reducing any duplication of services.

Developing personal support systems to help staff maintain their own emotional balance has been an emphasis in the first year of program implementation. Formal support group sessions occurred monthly and informal support was provided on an ongoing basis. Providing social support for individuals who work directly with homeless families has been shown to reduce burnout in social workers (Miller, Birkholt, Scott, Stage, & Knelange, 1994). UMOM Head Start staff stated very strongly that the support permitted validation of their emotional responses in dealing with the human side of homelessness and made it possible to work through issues that may otherwise have overwhelmed them.

Staff said being able to resolve issues in a safe atmosphere had positive effects on program implementation as well. For example, staff became aware of their tendency to "over-support" while working through the issue of "how much support is enough." On a few occasions, staff were taken advantage of by shelter residents. Through experience they have developed a savvy about which families are sincere in their efforts to improve, which are not, and when to let go.

Finally, UMOM Head Start staff have developed new skills and effective methods for working with homeless families. Classroom observations and focus group data show that in the first year of the program, staff learned about the characteristics and special needs of homeless children and adults, they are sensitive to their needs, and they interact effectively with children and adults.

Policy

It was difficult for program staff and management to identify specific, effective strategies for and barriers to delivering services. Analysis of the findings from this evaluation, however, point to several strategies that appear to have been quite effective in achieving program goals, including the following:

- locating the program on the site of the homeless shelter
- coordinating with the shelter's intake system to streamline the process for enrolling families in Head Start
- providing a flexible curriculum that accommodates the unique needs of homeless children, such as helping them to adjust to entering and leaving the program
- creating a classroom environment that is comfortable and does not overwhelm children with too much stimulation
- providing ample and varied opportunities for parental involvement in a non-threatening and supportive environment

- providing opportunities for parents to have social interactions with other adults
- giving families the option to remain in the program after leaving the shelter
- providing staff the support they need to prevent burnout

Some barriers to effective service delivery were also identified through the evaluation study.

- duplication of services provided by shelter caseworkers and the housing coordinator and UMOM Head Start family advocates
- access to adequate transportation
- timely completion of screenings and exams and identification of children who need more comprehensive treatment

A considerable amount has been learned about providing services to homeless children and families during the first year of program implementation. This information is valuable for Southwest Human Development because the organization has gained a better understanding of how to adapt the Head Start program for this unique population. Based on the experience gained in the first year, several changes are planned for the second year of the program. These plans for program improvement are shown in Appendix D.

The learnings from the program should also be of interest to others at the local, state, and national levels. UMOM Head Start appears to be one of very few programs across the country which is located at the shelter site. It is the only comprehensive preschool program in the state of Arizona that directly targets homeless children and families. It is important for Southwest Human Development to disseminate information to others in the state and nationally who may be interested in developing such a program.

Summary

UMOM Head Start is achieving the overall purposes that the Administration for Children and Families described in the demonstration project proposal: the project is providing services to homeless children and families, and it is helping Southwest Head Start develop a knowledge- and experience-base in working with the homeless.

In terms of meeting child- and family-related outcomes desired by Southwest Head Start, UMOM Head Start is making substantial progress. A sound developmentally appropriate Head Start program is being offered, which has been modified to meet the needs of homeless children. Parents are involved at much greater levels than anticipated. Some health services are being provided to children, although the level of service should be examined. Parents are improving their skills in interacting with their children, and are making some gains in moving toward self-sufficiency.

Southwest Head Start is also making progress toward system-related outcomes. A successful system has been developed to enroll children, and they are remaining in the program at a rate which is surprising considering the transiency of the population. Some collaboration is occurring between UMOM Head Start and UMOM shelter. Finally, staff have developed sensitivity toward homeless clients and are using an effective support

system to maintain their own emotional balance.

The following recommendations are related to both the program and the evaluation. They are offered for consideration in an effort to further strengthen the program.

Recommendations for the Program

- ***Develop and implement a system to assess children's cognitive, physical, and social/emotional growth using Work Sampling System Checklist and Portfolio Assessment System.***

  In order to determine whether children are developing their skills and abilities during the program, a systematic assessment plan needs to be developed and implemented. If the mobility data for the second year are similar to the first, it may not be possible to assess the majority of the children more than once. An entry assessment would at least show the baseline developmental level of children upon entering the program. Multiple assessments should be possible for the program participants who remain in the program for at least four months. These data would allow drawing conclusions about children's developmental progress while in the program.

- ***Employ new strategies to ensure that health component services are being provided at the desired level.***

  Although many children are receiving medical and dental services and immunizations, a considerable percentage leave without receiving these services. A review of the evaluation data should inform discussion about program changes that could be implemented if services are not occurring at the desired level. One strategy that could be implemented so that health services reach more children is to shift more staff time to the health component. Another strategy is to develop and implement guidelines and time frames for providing health services.

- ***Pursue plans to increase communication between the UMOM Head Start family advocates and the UMOM shelter caseworkers and housing coordinator in order to reduce potential duplication of services.***

  In an effort to streamline program operations, Southwest Head Start and the UMOM shelter have developed a plan to address the potential overlap in the efforts of each organization's family service workers. Undertaking this task will add greatly to the desired outcome of collaboration and the efficiency of the family service component.

- ***More specifically define the mental health component.***

  When this program was being planned, it was not clear what mental health services would be needed and what level of service would be attainable. Therefore, this component was left unspecified. During the first program year, much has been learned about providing mental health services to the program participants. Based on what has been learned, it should now

be possible to specifically define the mental health component.

- ***Disseminate information about the program to others at the local, state, and national levels.***

  The learnings from the UMOM Head Start demonstration project are important for others who want to increase or improve comprehensive services to homeless children and families. The findings from the program evaluation provide a preliminary basis for dissemination; the year two report will further contribute to this end. Additional avenues for disseminating information about the program should be explored by program management and staff.

Recommendations for the Evaluation

- ***More accurately document services provided to families by the family advocate so that progress can be evaluated.***

  The level of detail provided on the Family Development Checklists and Family Enrichment Plans related to self-sufficiency was not specific enough to determine if progress was attributable to the efforts of family advocates. Listing contacts, services, and referrals provided as well as actions taken by families in response to those services would provide a much clearer link between services provided and progress made.

- ***More accurately document information collected for the homeless family database so that more can be learned about the status of homeless children and families in the program.***

  Data collected for inclusion in the homeless family database has been a valuable tool for understanding the demographics, mobility, self-sufficiency, parent participation, and health services in UMOM Head Start. However, complete information for all families was not always available. It is not realistic to expect that complete data will be available for all families, since some families leave the program without notice within a short period of time. However, efforts to improve the accuracy and amount of information collected about families will benefit both program and evaluation efforts in the future.

- ***Consider adding a desired outcome and evaluation question about the mental health component to the evaluation plan.***

  If the mental health component is more specifically defined, a related desired outcome can be identified. It would then be beneficial to develop a corresponding evaluation question and incorporate it into the evaluation plan so that the level of service can be determined.

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APPENDIX A

				Cycle X:	Dates						
AM Class		Demographics:									
Child Name		# adults	# children	Mom Age	Dad Age	h of h.	Language	M ed. lvl	D ed. lvl	Ethnic	h.status
		2	5	33	33		S	B	D	H	4
		2	2	31	32		S	H-8	H-12	H	4
		1	5	27		Y	S	H-2		H	3
		1	5	27		Y	S	H-2		H	3
		1	3	30		Y	E	C		W	1
		1	3	26		Y	E	C		NA	2
		1	2	25		Y	E	B		H	2
		2	2	27	37		E	C	D	W	1
		1	2	30		Y	E	C		W	1
		2	2	40	51		E	D	F	AA	
		2	2	30			S	A		H	1
		1	2	35		Y	E	E	F	H	3
		1	2	35		Y	E		F	AA	1
		2	4	30	40		E	C	C	AA	2
		2	5	24	34		E	C	C	AA	2
		1	2	25		Y	E	C		W	2
		1	4	40		Y	E	C		W	1
		1	4	40		Y	E	C		W	1
		1	1			Y	S			H	1

	At entrance:		At exit:								
Family Nam	Date ent	Empl. 1	Date Ex.	Length	Why	Empl. 2	AHCCCS	AFDC	food s.	house	in HS
	7/19/94	1	5/16/95	301	5	2	2	2	2	3	4
	11/8/94	1	5/16/95	189	5	1	3	3	2	3	4
	1/24/95	0	6/22/95	149	1	0	2	2	2	3	
	1/24/95	0	6/22/95	149	1	0	2	2	2	3	
	3/23/95	0	5/3/95	41	2	0	1	4	1	2	1
	1/5/95	0	5/15/95	130	2	0	2	2	1	3	4
	5/9/95	0	6/9/95	31	4	0	2	2	2	5	4
	9/15/94	0	4/21/95	218	1	2	2	2	2	2	4
	8/12/94	0	6/21/95	313	1	0	2	1	1	2	4
	7/19/94	2	6/20/95	336	2	2	2	3	3	4	4
	1/24/95	0	3/16/95	51	1	0	4			4	4
	12/19/94	1	6/20/95	183	2	1	1	1	1	2	4
	2/7/95	1	6/20/95	133	2	1	1	1	1	2	4
	5/11/95	0	5/17/95	6	1	0	2	2	2	4	4
	5/4/95	0	5/17/95	13	1	0	2	2	2	5	3
	4/3/95	0	5/17/95	44	1	0	4	4	3	2	4
	3/31/95	0	4/7/95	7	1	0	2	4	3	5	1
	3/31/95	0	4/7/95	7	1	0	2	4	3	5	1
	6/14/95	0	6/20/95	6	1	0	2	3	2	2	4

AM Class		**Parent Participation**									
Family Name		**Partic.**	**Home v.**	**Train.**							
		70	2	12							
		267	2	12							
		14	2	5							
		14	2	5							
		0	2	0							
		12	2	3							
		2	2	0							
		126	7	5							
		15	10	5							
		175	5	0							
		0	0	0							
		0	5	0							
		0	5	0							
		14	3	10							
		0	3	0							
		4	4	0							
		4	3	0							
		4	3	0							
		7	1	0							

Name	full immun.	Med. scre	Med.exam	Treat. need	T x C	Dent.scre	Dent.exam	Treat need	T x C		
	3	3	3			3	3	y	3		
	1	1	1			1	0				
	1	0	0			0	0				
	1	3	0			3	0	y			
	3	3	0			0	0				
	1	3	3								
	1	0	0			0	0				
	1	3	3			3	3	Y	0		
	1	3	0			3	0				
	1	3	1			1	1				
	0	0	0			0	0				
	1	1	1			1	1				
	1	3	0			3	0				
	1	3	1			0	0				
	0	0	0			0	0				
	1	3	0			0	0				
	1	3	0			0	0				
	1	3	0			0	0				
	0	0	0			0	0				

APPENDIX B

Guide to Head Start - UMOM Data Collection

Demographics:	
# adults	**# adults** Indicate the number of adults (18 and over) in the family who reside in the shelter. A *parent* who is under 18 would still be counted as an adult.
# children	**# children** Indicate the number of children living with the family
M age / D age	**Mom's Age / Dad's Age** list if known, and only if parent is living with the family in the shelter
h of h	**Head of Household** Is parent single head of household? mark "Y" if yes
Language	**Language** List primary language spoken in home: E - English S - Spanish
M / D ed. Lvl	**Mom's / Dad's Education level** Describe the highest education level attained: ***Education level:*** A = under grade 7 B = 7 - 9th grade C = 10th - 12th grade D = has HS diploma or GED E = vocational training F = some college G = has a four year college degree H = educated in another country (list grade equivalent if possible)
Ethnic	**Ethnicity** Mom's and Dad's ethnicity AA = African American W = white NA = Native American H = Hispanic O = other
h. status	**Homeless Status** 1 = first time being homeless 2 = second time being homeless 3 = multiple times being homeless 4 = community child
At Entrance:	
Date entrance	**Date Entered** Date family entered UMOM shelter
Empl.1	**Parents' employment as they entered shelter** 0 = neither parent employed 1 = one adult employed 2 = two adults employed

At Exit:	
Date ex.	**Date Exited** Date family left UMOM shelter
Why	**Reason left** 1 = evicted for rule violation 2 = found housing 3 = unknown 4 = if other conditions led to family's departure please describe 5 = community child who moved
Empl. 2	**Parent's employment at exit**
AHCCCS	**Was family enrolled in AHCCCS at exit?** 1 = yes, became enrolled during stay 2 = were already enrolled 3 = got private insurance through job 4 = no, family was not enrolled
AFDC	**Was family getting AFDC at exit?** 1 = yes, enrolled during stay 2 = were already enrolled 3 = no, upon exit, family not enrolled 4 = not eligible, but get other benefits
food s.	**Food Stamps** When the family left the shelter, did they have food stamps? 1 = yes, enrolled during stay 2 = were already enrolled 3 = no, the family was not enrolled
house	**Housing** Upon leaving UMOM shelter, the family obtained housing ... 1 = at another shelter or other transitional housing (not UMOM) 2 = within the SWHD service area 3 = outside SWHD service area 4 = unknown 5 = moved in w/relatives or friends
in HS	**After family left UMOM did child continue Head Start?** 1 = yes, continued at UMOM 2 = yes, at another SWHD Head Start 3 = yes, outside SWHD service area 4 = no 5 = unknown
Parent Participation:	
Partic.	**Participation hours** Current total of in-kind hours/family
Home v.	**Home Visits** Total number of home visits conducted
Train.	**Training Activities** Number of parent training/enrichment activities that parent has attended.

APPENDIX C

UMOM HEAD START

Summary Statistics*

Year 1: July 19, 1994 - July 26, 1995

DEMOGRAPHICS: Demographics represent data from all program participants during the year, including those who were in the program at year end (n = 68).

Number of adults in family	1 = 53% / 2 = 47%
Average number of children in family	3.3
Age of Mom (median)	30
Age of Dad (median)	34
% single head of household	49%
% predominantly Spanish speaking	24%

Education Level:

Mom:	10th - 12th grade	40%
	HS diploma/GED	22%
	Under grade 7	9%
	7 - 9th grade	7%
	Educated out of USA	7%
	Some college	6%
	Vocational training	1%
	Missing data	8%
Dad:	HS diploma/GED	36%
	Some college	21%
	10th - 12th grade	16%
	7 - 9th grade	12%
	Under grade 7	12%
	Educated out of USA	3%
% Parents enrolled in educational programs		7%

Ethnicity:	Hispanic	31%
	White	37%
	African American	16%
	Native American	12%
	Missing data	4%
Homeless Status: *(without community children n = 61)*	First time being homeless	62%
	Second time being homeless	25%
	Multiple times being homeless	11%
	Missing data	2%

* Percentages may not equal 100 due to rounding.

TRACKING INFORMATION:

Tracking data represent participants who entered and left program during the year. This excludes those still in the program at year end (n = 53).

Average stay for shelter children:	mean = 87 days	med = 44 days	
Average stay for community children:	mean = 224 days	med = 288	
		#	%
Length of Stay - all	Less than 1 month	26	38%
	1 - 4 months	20	30%
	4 or more months	22	32%
Reason for leaving:	evicted for rule violation		43%
	found housing		30%
	community child - moved		6%
	other conditions		21%

EMPLOYMENT:

	#	%
% entering shelter w/o employment	46/53	87%
% entering shelter employed	6/53	11%
% gaining employment upon exit from shelter	13/46	28%
% entering unemployed who left unemployed	33/46	72%

AHCCCS:	already enrolled	47%
	enrolled during stay	40%
	not enrolled at exit	8%
	private insurance	4%
Food Stamps:	already enrolled	38%
	enrolled during stay	42%
	not enrolled at exit	17%
	unknown	3%
AFDC:	already enrolled	40%
	Not eligible	13%
	enrolled during stay	36%
	Not enrolled at exit	6%
	Unknown	5%
Obtained Housing:	yes, within SWHD service area	33%
	yes, out SWHD service area	15%
	moved in with friends/relatives	10%
	unknown	42%

Continued in Head Start after leaving shelter:

No	65%
yes, continued at UMOM	19%
Yes, outside of SWHD service area	2%
Yes, at another SWHD	6%
Unknown	8%

PARENT PARTICIPATION: Parent participation data include all program participants during the year, including those who were in the program at year end (n = 68).

Participation hours: Average per family (taking into account length of stay)

mean = 2.2 hours per week (8.8 hours per month)
median = .82 hours per week (3.3 hours per month)

Home visits:	0	3%
	1	15%
	2	38%
	3	10%
	4 or more	22%
	Missing data	12%
Training activities:	none	51%
	6 - 10	19%
	1 - 5	18%
	Missing data	12%

HEALTH: Data represent children who left program during year (n = 53).

		upon leaving
Full Immunizations:	Before entry:	51%
	During program:	23%
	Not at all:	21%
	Missing data	5%
Medical Screening:	Before entry:	4%
	During program:	40%
	Not at all:	47%
	Missing data	9%
Medical Exam:	Before entry:	9%
	During program:	11%
	Not at all:	74%
	Missing data	6%
Treatment Needed:	Yes	–
Treatment Done:		–
Dental Screening:	Before entry:	6%
	During program:	30%
	Not at all:	58%
	Missing data	6%
Dental Exam:	Before entry:	4%
	During program:	9%
	Not at all:	81%
	Missing data	6%
Treatment Needed:	Yes	13%
Treatment done:	Yes	14%

APPENDIX D

Existing Plans for Program Improvement

Several changes to UMOM Head Start are already planned for the next program year, according to the project manager. They include:

- One family advocate position has been eliminated.
- The health coordinator position has been eliminated. Medical and dental screenings will now be conducted by the family advocate and a Southwest Head Start registered nurse.
- The hours per week for one lead teacher have been increased to 40 due to the resignation of the other teacher.
- Both assistant teachers' hours per week will be increased to 36.
- The number of children served will be reduced from 26 to 25.
- Transition activities and coordinated services between UMOM Head Start, UMOM day care, and surrounding public schools will be increased.
- A more formalized inclusion of UMOM staff (i.e., day care and caseworkers) in Head Start training sessions will occur.
- The UMOM Head Start family advocate will be included in monthly UMOM caseworker and housing coordinator meetings.

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